

Brands Hatch HSCC Super Prix 2015 Saturday 11 July 2015 – Sunday 12 July 2015

ENTRY FORM

Entries Open: Friday 22 May 2015 Entries Close: 17.00 hrs Wednesday 24 June 2015



Name & Address					Home Telephone:							
					Work Telephone:							
					Fax Number:							
					Mobile Number:							
					e-mail:							
						MSA Comp Licence Number						
MSA licence grade												
Driver under 18 ? YES / NO												
Saturday 11 July 2015									Enti Fee		Tick	
С	HSCC/HRSR ByBox Historic Touring Cars. Sat Qual 15mins & Sat Race 20mins						e 20mins		£28	5		
E	Pre 80 Enduran	Pre 80 Endurance Saturday Qual 30 mins & Sunday Pit Stop Race 60 mins							£73	0		
G	Historic Formula Ford. Saturday Qual 15mins, & Sunday Race 20mins.								£28	5		
Н	Classic Racing Cars Sat Qual 15mins & Sat Race 20 mins.								£28	5		
I	Classic Formula 3 Sat Qual 15mins, Race 1 Sat 20mins, Race 2 Sunday20mins								£44	5		
K	Derek Bell Trophy Sat Qual 20 mins Race 1 Sat 20 mins Race 2 Sunday 20 mins								£48	5		
N	Berazzi Historic Formula 2 FIA International Series Sat Qual 20 mins Race 1 Sat 20 mins Race 2 Sunday 20 mins							s £52	5			
٧	Jaguar Heritage Challenge Sat Qual 25 mins & Sat Pit Stop Race 40 mins							£52	5			
	HGPCA Pre '66 Historic Grand Prix Cars Sat Qual 20mins Race 1 Sat 20 Mins Race 2 Sun 20 Mins Entry via HGPCA								Sun PO	4		
Sunday 12 July 2015												
Α	ONI PLC Histor		s / Fisca	r Qual 15min	s. Rac	e 20m	ins all	on Sunda	V	£28	5	
В									,	£28		
L	70's Road Sports Qual 15mins, Sun Race 20mins all on Sunday FJHRA Silverline Historic Formula Junior Qual Sat 15mins, Race 20mins all on Sunday											
M	Formula Ford 2000/URS. Qual 15mins, Race 20mins all on Sunday							-	-			
M Formula Ford 2000/URS. Qual 15mins, Race 20mins all on Sunday NB: This may not be the order in which races will run - see Final Instructions												
•												
SECOND DRIVER or ENTRANT'S DETAILS (If different from driver) NAME: ADDRESS:												
TO WILL.												
POST CODE:												
Talanhana Numbar: Fay Numbar:				Number:	Entrant's Licence Num					ce Number		
Telephone Number: Fax Number:				Entrant's Licence Number.								
Address for Tickets/Passes etc: ENTRANT or DRIVER												
CAR DETAILS												
Race Entered Car Make			Car N	lodel Class			Y		Year of manufacture			
Colour		Engine capacity		HSCC VIF	YES	NO	FIA VIF	YES	NO	Normal competitio	n No.	
Transponder number												
Details of person to be informed in the event of a serious accident: This entry form is not valid unless this section is filled in.												
NAME: ADDRESS:												
	·											
POST CODE: Telephone:												

The General Declaration and Payment Details sections below MUST be completed by all Competitors PRIOR to submission.

The Meeting will be held under the General Regulations of The Motor Sports Association, (incorporating the provisions of the International Sporting Code of the FIA), and any written instructions that the organising Club may issue for the event.

GENERAL DECLARATION TO BE COMPLETED BY ALL DRIVERS (AND ENTRANTS)

- I have read the General Regulations of the Motor Sports Association and the Supplementary Regulations for this event and agree to be bound by them. I declare that I am physically and mentally fit to take part in the event and I am competent to do so. I acknowledge that I understand the nature and type of the competition and the potential risk inherent with motor sport and agree to accept that risk. Further I understand that all persons have any connection with the promotion and/or organisation and/or conduct of the event are insured against loss or injury caused through negligence.
- I declare that to the best of my belief the driver(s) possess(es) the standard of competence necessary for an event of the type to which this entry relates and that the vehicle entered is suitable and roadworthy for the event having regard to the course and the speeds which will be reached.
- I understand that should I at the time of this event be suffering from any disability whether permanent or temporary which is likely to affect prejudicially my normal control of my vehicle, I may not take part unless I have declared such disability to the ASN which has, following such declaration, issued a licence which permits me to do so.
- I undertake that at the time of the event to which this entry relates I shall have passed, or am exempt from, an ASN specified medical examination within the specified period.

Has Driver competed at this circuit before? YES / NO. *

*Please delete as appropriate

SIGNATURES: This entry form is not valid unless the driver has signed belo	: This entry form is not valid unless the driver has signed I	below
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SIGNATURES.	Tills entry form is not valid unless t	ille ulliver lias signed beit	JVV.						
Driver	Date:								
Entrant:		Date:							
Any indemnity and or declaration prescribed above which is signed by a person who has not reached his or her 18th birthday must be countersigned by that person's parent or guardian:									
	Driver under 18? Yes/No	Entrant under 18? Yes/No							
Parent/Guardia		Relationship:							
Address:									
Postcode:		Telephone:							
Signature:		Date:							
PAYMENT DETAILS / METHOD Please send a cheque for the amount due or fill in your Visa / Mastercard / Debit card information below									
		Acknowle	dged						
		Ва	nked						
Total due:	£	Refer	ence						
Less £50 for each additional Race entered									
Card Number:									
Start Date:	Expiry Date	:	Issue No:						
Name on Card:		3 digits	on reverse						
Signed:									

To compete in an HSCC Championship race you must be an HSCC Member

This entry form should be read in conjunction with the HSCC Standard Race Regulations issued on 31st January 2015 Available from the HSCC office or www.hscc.org.uk. Email office@hscc.org.uk